Instructions to Complete Vehicle Scale Test Report Form P&SP-4400

The scale inspector or person testing the scale must complete form P&SP-4400 to document the scale tests required by the Packers and Stockyards Program.

Mail the completed form to the regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below the regional office's address.

Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration						
Eastern Regional Office	Western Regional Office	Midwestern Regional Office				
Suite 230	3950 Lewiston St., Suite 200	Room 317				
75 Spring Street	Aurora, CO 80011-1556	210 Walnut Street				
Atlanta, GA 30303-3308	Telephone: (303) 375-4240	Des Moines, IA 50309-2110				
Telephone: (404) 562-5840	FAX: (303) 371-4609	Telephone: (515) 323-2579				
FAX: (404) 562-5848	e-mail:	FAX: (515) 323-2590				
e-mail:	PSPDenverCO.GIPSA@usda.gov	e-mail:				
PSPAtlantaGA.GIPSA@usda.gov	_	PSPDesMoinesIA.GIPSA@usda.gov				
States Covered	States Covered	States Covered				
AL, AR, CT, DC, DE, FL, GA, LA,	AK, AZ, CA, CO, HI, ID, KS, MT,	IA, IL, IN, KY, OH, MI, MO, MN,				
MA, MD, ME, MS, NC, NH, NJ,	NM, NV, OK, OR, TX, UT, WA,	ND, NE, SD, WI				
NY, PA, RI, SC, TN, VA, VT, WV	WY					

For more information, see Instructions for Testing Livestock and Animal Scales available from a regional office or via our web site at http://www.usda.gov/gipsa/pubs/live.pdf.

If you have any questions regarding this form, please contact the appropriate regional office of the Packers and Stockyards Program listed above.

Line No.	Subject	Instruction		
1	Page Number	The page number is normally 1 of 1. If additional space is needed or when		
		testing multiple indicator/platform installations, number pages identifying		
		the current page number and the total number of pages. For example, page		
		2 of 3.		
2	Date	Enter date scale test conducted.		
3	Scale Owner	Enter name of firm.		
4	Scale Location	Enter full address of scale being tested, including street address, city,		
		county, and state.		
5	Processor or Dealer	Enter name and address of poultry processor or dealer using scale.		
	Name and Address			
6	Test Agency	Enter name and address of firm conducting the test.		
7	Make of Scale	Enter manufacturer of indicator.		
8	Scale Capacity	Enter how much scale is capable of weighing.		
9	Kind of Indicator	Enter digital, dial, or beam to indicate the kind of indicator on the scale.		
10	Serial Number	Enter serial number of indicator being tested.		
11	Minimum Division	Enter minimum graduation. For example, 10 lbs, or 20 lbs.		
12	Balance Indicator	If applicable, enter the make or manufacturer of the balance indicator.		
13	Platform Size	Enter length and width of platform, in feet.		
14	Balance	Enter the balance condition of indicator on inspector's arrival, in pounds.		
15	Type of Levers	Enter mechanical, electro-mechanical, or load cell.		
16	Pit Depth	If indicator is below ground, enter depth of pit in feet.		
17	Last Date Tested	Enter the date of the last vehicle scale test.		
18	Year Installed	Enter the year the indicator was installed at the current location.		

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Line No.	Subject	Instruction		
19	Test Position	Enter the section of the scale (left to right looking from the scale indicator)		
		used for the test.		
20	Test Weights	Enter the weight of test in pounds.		
21	Scale Indication	Enter the indicated weight amount in pounds.		
22	Error	Enter the difference of test weights and scale indication in pounds.		
23	Empty Truck Weight	Enter the indicated weight of empty truck in pounds.		
24	Test Weights	Enter the amount of test weights added in pounds.		
25	Scale Indication	Enter the scale indication, truck plus weights in pounds.		
26	Error on Test Weights	Enter the error on test weights added in pounds.		
27	Accuracy	For any errors listed above, check the appropriate box to indicate if they		
		are or are not within the accuracy requirements prescribed by the Packers		
		and Stockyards Program.		
28	Repairs, Adjustments,	To be completed by the State or scale company that conducted the test.		
	or Changes	Enter any repairs, adjustments, or changes made during the scale test.		
29	Recommendations for	To be completed by the State or scale company that conducted the test.		
	Repair or Replacement	Enter your recommendations for repair, replacement, or other action for		
		the scale.		
30	Receipt Signature	If available, have the scale owner or officer sign the form; their signature		
		is not required.		
31	Inspector Signature	The official that conducted the test must sign the form.		

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U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION		VEHICLE SCALE TEST REPORT 1 Page No. 2 Date					xpires. xx/xx/zuxx			
PACKERS AND STOCKYARDS PROGRAM 3 Test Agency (Name, address, city, state, zip code, phone number, and e-mail address)				4 Scale Owner (Name of firm)						
				5a Scale Location (Address)						
					5b (City)		5e (State)			
					5b (City) 5d (County) 6 Name and Address of Poultry Processor					
					6 Name and Addre	ess of Poul	try Processor o	r Dealer Usi	ng Scai	e
7 Make of Scale	e of Scale 8 Scale Capacity		-	9 Kind of Indicator	10 Serial Number		11 Minimum Division		12 Balance Indicator (Make)	
13 Platform Size	Platform Size 14 Balance C Arrival		Lbs. ondition on	15 Type of Levers	16 Pit Depth		17 Last Date	Tested	18 Year Installed	
X	Ft.		Lbs.			Ft.				
					est Results		·	Į.		
Test W	loiabte		21 Scale		ad Test of Each Sec		1			_
19 Position		Pounds	Indication	22 Error	19 Position	Veights 20 Pou	unds 21 S	scale Indicat	ion	22 Error
Balance		0								
										_
					in-Load Test					
			Left to Right Section 2	Section 3	Section 3 Section		Right to Left Section 5		Section 6	
23 Indicated Weigh	t of E	mpty Truck	Occion	I OCCION 2	Occion 5		Section 4 Section		10	Occion o
24 Amount of Test	Weigh	nt Added								
25 Scale Indication, Truck Plus Weights		k Plus								
26 Error on Test We		Added								
(NIST) Handbook 4	44 as	required by the	e Packers and	☐ ARE NOT within the add Stockyards Program renal Office that covers you	egulations (9 CFR 20					
28 Repairs, Adjustr	ments	s, or Changes l	Made at This	Time (To be completed	by State or scale ago	ency):				
29 Recommendation	ons fo	r Repair, Repl	acement, etc.	(Continue on the revers	se side if necessary)					
30 Receipt of Report Acknowledged (Signature):			31 Scale Insp	ector (Sign	ature):					

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0580-0015. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Response is required in order to assure that tests have been made on scales to show their accuracy so that live poultry may be weighed (9 CFR 201.72). Information held confidential (9 CFR 201.96).

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